

HEALTH QUARTERLY STATEMENT AS OF June 30, 2003 OF THE CONDITION AND AFFAIRS OF THE

Health Plan of Michigan, Inc.

Country of Domicile Licensed as business type: Life, Accid Dental Secother[] Date Incorporated or Organized Statutory Home Office Main Administrative Office Mail Address Primary Location of Books and Records Internet Website Address Statutory Statement Contact Policyowner Relations Contact (Country of Oakland The officers of this reporting entity, being duly stassets were the absolute property of the said reexplanations therein contained, annexed or reference of the property of the said reexplanations therein contained, annexed or reference of the property of the said reexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained, annexed or reference of the property of the said regexplanations therein contained the property of the said regexplanations the property	Michigan United States of America dent & Health[] Propervice Corporation[] Vision Is HI 12/31/1995 17515 W. Nine Mile Road, Surest and Number) Southfield, MI 48075 (City or Town, State and Zip Code) 17515 W.Nine Mile Road, Surest and Number or P.O. B	(City, or Town, State and Number) (Street and Number) (248)557- (Area Code) (Telepi te 650 (Street and Number) (City, or Town, State and Number) (City, or Town, State and Number) (Street and Number)	12/31/1995 8075 1 Zip Code) 3700 none Number) I 48075 and Zip Code)
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Statutory Statement Contact Policyowner Relations Contact (Contact	Same, City, or Town, State and Zip Code)	Same (Street and Number) (248)557-	. ,
Internet Website Address Statutory Statement Contact Policyowner Relations Contact (Contact	Same, City, or Town, State and Zip Code)	(Street and Number) (248)557-	2700
Statutory Statement Contact Policyowner Relations Contact County of Michigan County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said reexplanations therein contained, annexed or reference.	City, or Town, State and Zip Code)	(248)557-	2700
Statutory Statement Contact Policyowner Relations Contact State of Michigan County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said reexplanations therein contained, annexed or reference.		(Area Code) (Telen	3700
Statutory Statement Contact Policyowner Relations Contact (Contact	www.npmion.com		none Number)
Policyowner Relations Contact (Contact State of			
State of Michigan County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said rejexplanations therein contained, annexed or refe	Jon B Cotto (Name)	1 (248)204- (Area Code)(Telephone N	
State of Michigan County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said rejexplanations therein contained, annexed or refe	jcotton@hpmich.com	(248)557-	,,
State of Michigan County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said rejexplanations therein contained, annexed or refe	(E-Mail Address)	(Fax Num	ber)
State of Michigan County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said rejexplanations therein contained, annexed or refe		17515 W. Nine Mile Road, Suite 650 (Street and Number)	
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County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said rejexplanations therein contained, annexed or refe		Treasurer Janice Torosian VICE PRESIDENTS	
County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said rejexplanations therein contained, annexed or refe	DIRE Timothy Beck Thomas Lauzon Melanie Shearman	CTORS OR TRUSTEES George Ellis Laura Leege	
County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said rejexplanations therein contained, annexed or refe	Welanic Oncarman		
County of Oakland The officers of this reporting entity, being duly so assets were the absolute property of the said rejexplanations therein contained, annexed or refe			
assets were the absolute property of the said re- explanations therein contained, annexed or refe	SS		
	eporting entity, free and clear from any liens of erred to, is a full and true statement of all the the period ended, and have been completed may differ; or, (2) that state rules or regulation	described officers of the said reporting entity, and that on the reporting period stated abover claims thereon, except as herein stated, and that this statement, together with related exassets and liabilities and of the condition and affairs of the said reporting entity as of the rein accordance with the NAIC Annual Statement Instructions and Accounting Practices and ns require differences in reporting not related to accounting practices and procedures, accounting the same procedures.	hibits, schedules and porting period stated above, Procedures
(Signature) David B. Cotton, M	M D		nature) Torosian
(Printed Name)		(Printed Name) (Printe	d Name)
President Subscribed and sworn to before me		Secretary Trea	ssurer
day of	, 2003		
(Notary Public Signature)			

ASSETS

		2.0	CL CL	urrent Statement Date	е	4
			1	2	3	•
			Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1.	Bonds				3,061,884	
2.	Stocks		0,001,004		0,001,004	
	2.1	Preferred stocks				
	2.2	Common stocks				
3.		age loans on real estate:				
0.	3.1	First liens				
	3.2	Other than first liens				
4.	Real e					
т.	4.1	Properties occupied by the company (less \$				
		encumbrances)	75 271		75 271	80 402
	4.2	Properties held for the production of income (less				
		\$ encumbrances)	27 500		27 500	
	4.3	Properties held for sale (less \$ encumbrances)				
5.	-	(\$16,742,305 and short-term investments \$)				
6.		act loans (including \$ premium notes)				
7.		. ,				
		invested assets				
8. 9.		/able for securities				
	Aggre	gate write-ins for invested assets	40.000.004		40.000.004	40.740.047
10.		als, cash and invested assets (Lines 1 to 9)				
11.		ment income due and accrued	25,416		25,416	
12.		ums and considerations:				
	12.1	Uncollected premiums and agents' balances in course of collection				
	12.2					
	12.2	Deferred premiums, agents' balances and installments				
		booked but deferred and not yet due (including \$				
	40.0	earned but unbilled premiums)				
40	12.3	Accrued retrospective premiums				
13.		urance:				00 =00
	13.1	Amounts recoverable from reinsurers				· ·
	13.2	Funds held by or deposited with reinsured companies				
	13.3	Other amounts receivable under reinsurance contracts				
14. 15.1	Currer	nts receivable relating to uninsured plans				
45.0		n				
15.2		ferred tax asset				
16.	Guara	nty funds receivable or on deposit				
17.		onic data processing equipment and software	397,847	182,354	215,493	198,329
18.		ure and equipment, including health care delivery assets				
19.	Net ad) ljustments in assets and liabilities due to foreign exchange				
00		selections represent a selectioning and affiliates				
20.		/ables from parent, subsidiaries and affiliates				
21.		care (\$1,009,024) and other amounts receivable				
22.	Other	assets nonadmitted				
23.		gate write-ins for other than invested assets	1,116,147	1,098,150	17,997	14,970
24.		assets excluding Separate Accounts, Segregated Accounts				
		rotected Cell Accounts (Lines 10 to 23)	22,589,145	1,295,136	21,294,009	18,046,964
25.		Separate Accounts, Segregated Accounts and Protected				
		counts				
26.		LS (Lines 24 and 25)	22,589,145	1,295,136	21,294,009	18,046,964
		WRITE-INS				
0901						
0902						
0903						
0998.		ary of remaining write-ins for Line 9 from overflow page				
0999.	TOTA	LS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.	Miscel	laneous A/R & Deposits	17,997		17,997	14,970
2302.		red Membership Value				
2303						
2398.		ary of remaining write-ins for Line 23 from overflow page				
2399.		LS (Lines 2301 through 2303 plus 2398) (Line 23 above)				

STATEMENT AS OF June 30, 2003 OF THE Health Plan of Michigan, Inc.

LIABILITIES. CAPITAL AND SURPLUS

	LIABILITIES, CAPITAL AND	JOIN L	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)	9,564,383		9,564,383	8,583,513
2.	Accrued medical incentive pool and bonus payments	323,155		323,155	89,500
3.	Unpaid claims adjustment expenses	171,091		171,091	204,240
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	327,275		327,275	473,796
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
	on realized gains (losses))	223,710		223,710	175,642
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$ current) and interest thereon \$ (including				
	\$current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$ authorized reinsurers and				
17.	\$unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	·				
	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured accident and health plans				
21.	Aggregate write-ins for other liabilities (including \$896,962 current)				
22.	Total liabilities (Lines 1 to 21)				
23.	Common capital stock				
24.	Preferred capital stock				
25.	Gross paid in and contributed surplus				
26.	Surplus notes				
27.	Aggregate write-ins for other than special surplus funds				
28.	Unassigned funds (surplus)	X X X	X X X	9,491,369	8,189,772
29.	Less treasury stock, at cost:				
	29.1 shares common (value included in Line 23 \$)				
	29.2shares preferred (value included in Line 24 \$)				
30.	Total capital and surplus (Lines 23 to 28 minus Line 29)				
31.	Total liabilities, capital and surplus (Lines 22 and 30)	X X X	X X X	21,294,008	18,046,964
DETAI 2101.	LS OF WRITE-INS Qaulity Assurance Assessment Fee	906.060		906.060	
2101.	Qduilty Assurance Assessment Fee			1 ' 1	
2103					
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)				
2701 2702			X X X	1	
2702					
2798.	Summary of remaining write-ins for Line 27 from overflow page				
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)				

STATEMENT AS OF June 30, 2003 OF THE Health Plan of Michigan, Inc. STATEMENT OF REVENUE AND EXPENSES

		Current Ye	ar To Date	Prior Year
		1 Uncovered	2 Total	To Date 3 Total
1.	Member Months	X X X	310,275	481,992
2.	Net premium income (including \$ non-health premium income)	X X X	41,497,683	64,563,007
3.	Change in unearned premium reserves and reserves for rate credits	X X X		
	Fee-for-service (net of \$ medical expenses)			
	Risk revenue			
	Aggregate write-ins for other health care related revenues			
	Aggregate write-ins for other non-health revenues			
	Total revenues (Lines 2 to 7)			
	I and Medical:		40,000,721	04,077,079
•	Hospital/medical benefits		01 775 017	25 206 704
	·			
	Other professional services			
	Outside referrals			
	Emergency room and out-of-area			
	Prescription drugs			
	Aggregate write-ins for other hospital and medical			
15.	Incentive pool and withhold adjustments		302,903	360,649
16.	Subtotal (Lines 9 to 15)		33,943,760	52,315,385
Less:				
17.	Net reinsurance recoveries		188,496	219,886
18.	Total hospital and medical (Lines 16 minus 17)		33,755,264	52,095,499
19.	Non-health claims			
20.	Claims adjustment expenses		352,944	641,524
21.	General administrative expenses		3,678,081	6,635,238
22.	Increase in reserves for life and accident and health contracts (including \$ increase in			
	reserves for life only)			
	Total underwriting deductions (Lines 18 through 22)		37.786.289	59.372.261
	Net underwriting gain or (loss) (Lines 8 minus 23)			
	Net investment income earned			
	Net realized capital gains or (losses)		·	
	Net investment gains or (losses) (Lines 25 plus 26)			
			99,332	225,540
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)			
	(amount charged off \$)]			
	Aggregate write-ins for other income or expenses			
	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)			
31.	Federal and foreign income taxes incurred	X X X	989,068	1,870,614
	Net income (loss) (Lines 30 minus 31)	X X X	1,925,222	3,660,606
	Quality Assurance Assessment Fee	X X X	(896,962)	
0602.	Hosptial Shared Risk Pools	X X X		114,672
0603 0698.	Summary of remaining write-ins for Line 6 from overflow page			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(896,962)	114,672
0701 0702				
0702				
	Summary of remaining write-ins for Line 7 from overflow page			
0799. 1401.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) Devices- Hearing and Speech		23,504	68,812
1402				
1403 1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		23,504	68,812
2901. 2902	Miscellaneous Income		506	
2902				
	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		506	456

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	8,520,273	4,647,252
GAINS	AND LOSSES TO CAPITAL & SURPLUS		
34.	Net income or (loss) from Line 32	1,925,222	3,660,606
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Net unrealized capital gains and losses		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		(48,000)
39.	Change in nonadmitted assets	108,272	260,415
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles	(16,335)	
44.	Capital Changes:		
	44.1 Paid in	(5,199)	
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in	(29,239)	
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus	(715,562)	
48.	Net change in capital and surplus (Lines 34 to 47)	1,267,159	3,873,021
49.	Capital and surplus end of reporting period (Line 31 plus 48)	9,787,432	8,520,273
DETAIL 4701.	S OF WRITE-INS Repurchase of Stock		
4701.	nepurchase of Stock	(715,502)	
4703	Cumpany of remaining write ing far Line 47 from quarifusy page		
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page		

		CASITILOW		
			1 Current Year To Date	2 Prior Year
		Cash from Operations	10 Build	Tour
1.	Premiu	ms collected net of reinsurance	41 497 683	64 563 007
2.		estment income		
3.		aneous income		·
4.		Lines 1 through 3)		·
5.	•	and loss related payments		
6.		nsfers to Separate, Segregated Accounts and Protected Cell Accounts		
7.		issions, expenses paid and aggregate write-ins for deductions		
8.	Divider	nds paid to policyholders		
9.	Federa	I and foreign income taxes paid (recovered) \$net tax on capital gain (losses)	941,000	2,058,509
10.	Total (I	Lines 5 through 9)	37,446,025	59,679,883
11.	Net ca	sh from operations (Line 4 minus Line 10)	4,135,618	5,235,146
		Cash from Investments		
12.	Procee	ds from investments sold, matured or repaid:		
	12.1	Bonds		
	12.2	Stocks		
	12.3	Mortgage loans		
	12.4	Real estate		
	12.5	Other invested assets		
	12.6	Net gains or (losses) on cash and short-term investments		
	12.7	Miscellaneous proceeds	32,171	
	12.8	Total investment proceeds (Lines 12.1 to 12.7)	32,171	
13.	Cost of	investments acquired (long-term only):		
	13.1	Bonds	3,094,449	
	13.2	Stocks		
	13.3	Mortgage loans		
	13.4	Real estate	31,493	90,568
	13.5	Other invested assets		
	13.6	Miscellaneous applications		
	13.7	Total investments acquired (Lines 13.1 to 13.6)	3,125,942	90,568
14.	Net inc	rease (decrease) in policy loans and premium notes		
15.	Net cas	sh from investments (Line 12.8 minus Lines 13.7 and 14)	(3,093,771)	(90,568)
		Cash from Financing and Miscellaneous Sources		
16.	Cash p	rovided (applied):		
	16.1	Surplus notes, capital notes		
	16.2	Capital and paid in surplus, less treasury stock	(34,438)	
	16.3	Borrowed funds received		
	16.4	Net deposits on deposit-type contracts and other insurance liabilities		
	16.5	Dividends to stockholders		
	16.6	Other cash provided (applied)	(901,548)	(254,610)
17.	Net cas	sh from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(935,986)	(254,610)
		RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18.	Net cha	ange in cash and short-term investments (Lines 11 plus 15 plus 17)		4,889,968
19.	Cash a	nd short-term investments:		
	19.1	Beginning of year		
	19.2	End of period	16,742,306 .	16,636,445

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10	11	12	13
			2	3				Federal	Tu 10.00	T''' M''	0.	B. 133		
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
		1000	marriada	Group	Сарріоніон	O.I.Iy	O.I.Iy	Bonomerian	Modicaro	Modicald	2000	Interne	Guro	011101
Tota	I Members at end of:													
1.	Prior Year	46,845								46,845				
2.	First Quarter	50,585								50,585				
3.	Second Quarter	55,631								55,631				
1	Third Quarter													
٦.	Tilliu Qualiei													
5.	Current Year													<u></u>
6.	Current Year Member Months	310,275								310,275				
Tota	Member Ambulatory Encounters for Period:													
7.	Physician	216,275								216,275				
8.	Non-Physician	139 856								139,856				
0.	•									,				
9.	Total	356,131								356,131				
10.	Hospital Patient Days Incurred	7,162								7,162				<u></u>
11.	Number of Inpatient Admissions	2 024								2,034				
11.		·								2,004				
12.	Health Premiums Collected	41,781,240								41,781,240				
13.	Life Premiums Direct													
14.	Property/Casualty Premiums Written													
15.	Health Premiums Earned	41,497,682								41,497,682				
16.	Property/Casualty Premiums Earned													
17.	Amount Paid for Provision of Health Care Services	32,540,740								32,540,740				
18.	Amount Incurred for Provision of Health Care													
	Conices	33.943.760								33.943.760				
L	Services	33,943,760								33,943,760			[·····

7

CLAIMS PAYABLE (Reported and Unreported) Aging Analysis of Unpaid Claims

		iaryoro or oripara ora				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Individually Listed Claims Payable						
4 D Pharmacy	983,395					983,395
0199999 Individually Listed Claims Payable	983,395					983,395
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	197,515					197,515
0499999 Subtotals	1,180,910					1,180,910
0599999 Unreported claims and other claim reserves						8,383,473
0699999 Total Amounts Withheld						
0799999 Total Claims Payable						9,564,383
0000000 A served Medical Insenting Deal						323,155

UNDERWRITING AND INVESTMENT EXHIBIT ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

				-	5	6
			Liab	oility		
	Cla	ims	End	d of		
	Paid Yea	r to Date	Current	Quarter		
	1	2	3	4		Estimated Claim
						Reserve and
	On	On	On	On		Claim
Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1. Comprehensive (hospital & medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)				7,884,529	7,913,561	8,583,514
10. Other non-health						
11. Medical incentive pools, accruals and disbursements .	69,248			323,155	69,248	89,500
12. TOTALS	6,302,954	26,237,786	1,679,855	8,207,684	7,982,809	8,673,014

Notes to Financial Statement

Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

The company is committed to repurchase the stock of two minority stockholders upon termination or retirement based on a contractually determined amount. During 2001, a stockholder terminated his employment with the Company. The Company repurchased 556 shares of stock for \$100,499 under the agreement. During 2003, a stockholder terminated his employment with the Company. The Company repurchased 1,376 shares of stock for \$750,000 under the agreement.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements?

Yes[] No[X]

If yes, explain:

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

2.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[X] Yes[] No[] N/A[X]

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the

Yes[X] No[] 06/16/2003

reporting entity?

If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended. 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end? If yes attach an explanation.

Yes[X] No[]

Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
	NAIC	State of
Name of Entity	Company Code	Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes[] No[] N/A[X]

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2000

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2000

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). By what department or departments?

07/24/2001

State of Michigan, Department of Conusumer and Industry Services, Office of Finanical and Insurance Services

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes[] No[X]

8.2 If yes, give full information

9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
9.2 If response to 9.1 is yes, please identify the name of the bank holding company.
9.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]

Yes[] No[X]

9.4 If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
		Yes[] No[X]				

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

INIVECTMENT

 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) 11.2 If yes, give full and complete information relating thereto: 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$	
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:	
13. Amount of real estate and mortgages held in short-term investments: \$	
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No. 14.2 If yes, please complete the following:)[X]
1 2	
Prior Year-End Current Quarter	
Statement Value Statement Value	
14.21 Bonds	
14.22 Preferred Stock	
14.24 Short-Term Investments	
14.26 All Other	

above

14.27

14.28

14.29

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) Total Investment in Parent included in Lines 14.21 to 14.26

Receivable from Parent not included in Lines 14.21 to 14.26

Yes[X] No[]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2			
Name of Custodian(s)	Custodian Address			
Schwab Institutional	1958 Summit Park Place, Oralando, FL 32810			

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? 16.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository	Name(s)	Address
123286	Roble Asset Management Company	5700 Corporate Dr, Pittsburgh, PA 15237

General Interrogatories Part 1 Attachments

General Int 4. Health Plan of Michigan, Inc repurchased all of the common stock owned by S. Berry, M.D. in the 2nd quarter of 2003. This is reflected in the organizational chart as of June 30, 2003 - Schedule Y, Part 1.

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	80,403	
2.	Increase (decrease) by adjustment	(9,124)	(10,165)
3.	Cost of acquired	27,500	
4.	Cost of additions to and permanent improvements	3,993	90,568
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.	Amount received on sales		
8.	Book/adjusted carrying value at end of current period	102,772	80,403
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)	102,772	80,403
11.	Total nonadmitted amounts		
12.	Statement value, current period (Page 2, real estate lines, current		
	period)	102,772	80,403

SCHEDULE B - VERIFICATION

	SCHEDULE B - VERIFICATION	N	
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest on mortgages		
	owned, December 31 of prior year		
2.	Amount loaned during period:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Accrual of discount and mortgage interest points and commitment fees		
4.		<u> </u> 	
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during t		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange aujustine in	[
9.	Book value/recorded investment excluding accrued interest on mortgages		
	owned at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period		
	Clatement value of mortgagoo owned at one of ouriont period		

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

		1	2
			Prior Year Ended
	Description	Year To Date	December 31
1.	Book/adjusted carrying value of long-term invested assets owned,		
	December 31 of prior year		
2.	Cost of acquisitions during period:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment	1	
5.	Total profit (loss) on sale		
6.	Total profit (loss) on sale		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange aujustinent		
9.	Book/adjusted carrying value of long-term invested assets at end of current		
	period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.			
10.	Statement value of long-term invested assets at end of current period		

SCHEDULE D - VERIFICATION

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2.	Cost of bonds and stocks acquired	3,094,449	
3.	Accrual of discount		
4.	Increase (decrease) by adjustment	(23,047)	
5.	Increase (decrease) by foreign exchange adjustment		
6.	Total profit (loss) on disposal		
7.	Consideration for bonds and stocks disposed of		
8.	Amortization of premium	9,543	
9.	Book/adjusted carrying value, current period	3,061,884	
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	3,061,884	
12.	Total nonadmitted amounts		
13.	Statement value (Lines 11 minus 12)	3,061,884	

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	arrent Gaar	ci ioi ali bo	ilas alla i ic	iciica otock	by Hatting C	านออ		
	1	2	3	4	5	6	7	8
	Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
	Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
S								
Class 1		3,071,402		(9,518)		3,061,884		
Class 2								
Class 3								
Class 4								
Class 5								
Class 6								
TOTAL Bonds				(9,518)		3,061,884		
Class 1								
Class 2								
Class 3								
Class 4								
Class 5								
Class 6								
TOTAL Bonds & Preferred Stock		3,071,402		(9,518)		3,061,884		
	S Class 1 Class 2 Class 3 Class 4 Class 5 Class 6 TOTAL Bonds ERRED STOCK Class 1 Class 2 Class 3 Class 3 Class 4 Class 5 Class 6 TOTAL Bonds	1 Book/Adjusted Carrying Value Beginning of Current Quarter	1 2 Book/Adjusted Carrying Value Beginning of Current Quarter Quarter	1 2 3	1 2 3 4	1 2 3 4 5 Book/Adjusted Carrying Value Beginning of Current Quarter Quar	Carrying Value Beginning of Current Quarter During Current Quarter During Current Quarter During Current Quarter Quarter During Current Quarter Second Quarter Se	1 2 3 4 5 Book/Adjusted Carrying Value Carrying Value Deginning of Current Quarter Quarter

15	Schedule DA Part 1 NONE
15	Schedule DA Part 2 Verification NONE
16	Schedule DB Part F Section 1 NONE
17	Schedule DB Part F Section 2NONE

SCHEDULE S - CEDED REINSURANCE

Showing all new reinsurers-Current Year to Date

Showing all new remodels-current real to bate								
1	2	3	4	5				
NAIC	Federal			Is Insurer				
Company	ID			Authorized?				
Code	Number	Name of Reinsurer	Location	(Yes or No)				
Accident and health - non-affiliates								
67105	41-0451140	Reliastar Life Ins Co	Minneapolis, Minnesota	Yes[X] No[]				

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	Allocated by States and Territories Direct Business Only Year-to-Date									
		Fund Licensed	Is Insurer	sed	4	5	6 Federal Employees	7 Life and Annuity s Premiums and	8 Property/	
	State, Etc.	(Yes or No)	(Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Health Benefits Program Premiums	Deposit-Type Contract Funds	Casualty Premiums	
1.	Alabama (AL)		No							
2.	Alaska (AK)		No							
3.	Arizona (AZ)		No							
4.	Arkansas (AR)	1	No							
5.	California (CA)		No							
6.	Colorado (CO)		No							
7.	Connecticut (CT)		No							
8. 9.	Delaware (DE)	1	No							
9. 10.	Florida (FL)		No							
11.	Georgia (GA)	1	No							
12.	Hawaii (HI)		No							
13.	Idaho (ID)		No							
14.	Illinois (IL)		No							
15.	Indiana (IN)		No							
16.	lowa (IA)	No	No							
17.	Kansas (KS)	No	No							
18.	Kentucky (KY)		No							
19.	Louisiana (LA)		No							
20.	Maine (ME)	1	No							
21.	Maryland (MD)									
22.	Massachusetts (MA)	1	No							
23.	Michigan (MI)		Yes			41,781,240				
24.	Minnesota (MN)		No							
25.	Mississippi (MS)									
26. 27.	Missouri (MO)	1	No							
27. 28.	Montana (MT) Nebraska (NE)		No							
20. 29.	Nevada (NV)	1								
30.	New Hampshire (NH)									
31.	New Jersey (NJ)	1	No							
32.	New Mexico (NM)		No							
33.	New York (NY)	1								
34.	North Carolina (NC)		No							
35.	North Dakota (ND)	1	No							
36.	Ohio (OH)	No	No							
37.	Oklahoma (OK)		No							
38.	Oregon (OR)	No	No							
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)		No							
41.	South Carolina (SC)									
42.	South Dakota (SD)	1								
43.	Tennessee (TN)									
44.	Texas (TX)	1	No							
45. 46	Utah (UT) Vermont (VT)									
46. 47.	Virginia (VA)	1	No							
47. 48.	Washington (WA)		No							
46. 49.	West Virginia (WV)									
50.	Wisconsin (WI)									
51.	Wyoming (WY)	1								
52.	American Samoa (AS)		No							
53.	Guam (GU)	1								
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)		No							
56.	Canada (CN)	1	No							
57.	Aggregate other alien (OT)		X X X .							
58.	TOTAL (Direct Business)	X X X .	(a) 1			41,781,240				
	LS OF WRITE-INS									
5701		X X X .	X X X .							
5702		X X X .	X X X .							
5703		X X X .	X X X .							
5798.	Summary of remaining write-ins for Line		,							
F700	57 from overflow page	X X X .	X X X .							
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)	X X X .	X X X .							
			x					i	1	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL CHART

Health Plan of Michigan, Inc. (MI; NAIC # 52563; Federal Employer Identification # 38-3253977)

Organization Governance and Ownership Structure: **Equity Shareholders**

Board of Directors

Shareholders at June 30, 2003: D. Cotton, M.D. 94.2% T. Lauzon 5.8% 100%

Health Management, Inc. (common ownership with Health Plan of Michigan, Inc. majority stockholder) (Federal Employer Identification # 38-3360283)

Shareholders at June 30, 2003: D. Cotton, M.D.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSES

Yes

1. Will the SVO Compliance Certification be filed with this statement?

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED During the Current Quarter

Showing an rical Estate Acadine During the Current address									
1	Location		4	5	6	7	8	9	
	2	3					Book/Adjusted	Expended for	
Description							Carrying	Additions	
of						Amount of	Value Less	and Permanent	
Property	City	State	Date Acquired	Name of Vendor	Actual Cost	Encumbrances	Encumbrances	Improvements	
Aquired by Purchase									
Leashold Improvements	Southfield	MI	. 06/01/2003 .	Aureus Properties				3,993	
Lot 4, Block 1, Key Colony Beach Subdivision. Vacant Land	Marathon	FL	. 05/20/2003 .	D'Asing Development LLC	27,500		27,500		
0199999 Subtotal - Aquired by Purchase									
999999 Totals 27,500 27,500 27,500									

SCHEDULE A - PART 3

Showing all Real Estate SOLD during the Quarter, including Payments during the Final Year on "Sales under Contract"

	1	Location		4	5	6	7	8	9	10	11	12	13	14	15	16
		2	3						Expended for							
									Additions,						Gross Income	
								Increase	Permanent						Earned Less	
								(Decrease) by	Improvements	Book/Adjusted		Foreign			Interest	Taxes,
	Description						Increase	Foreign	and Changes	Carrying		Exchange	Realized	Total	Incurred	Repairs and
	of			Disposal			(Decrease) by	Exchange	in	Value Less	Amounts	Profit (Loss)	Profit (Loss)	Profit (Loss)	on	Expenses
	Property	City	State	Date	Name of Purchaser	Actual Cost	Adjustment	Adjustment	Encumbrances	Encumbrances	Received	on Sale	on Sale	on Sale	Encumbrances	Incurred
									1							
							M ()	$N \vdash$								
							1									
									1							
Ś	999999 Totals															

E01

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter

	Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter									
1	2	3	4	5	6	7	8	9		
				Number			Paid for Accrued			
CUSIP		Date		of Shares			Interest and	NAIC		
	Description		Name of Vandar		Astual Cast	DevMelue				
Identification	Description	Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	Dividends	Designation (a)		
Bonds - U.S. Gover	nments									
31392HWD1	FED NATL MTG	05/14/2003	RBC DAIN	X X X	217,912	225,000	619	1PE		
31392P4F9	FEDL HOME LN MTG	05/09/2003	AG EDWARDS		204,665	200,000				
3133T6ZL8	FEDL HOME LN MTG		RBC DAIN		199,683	200,000				
31393DGS4	FED NATL MTG		RBC DAIN		205,564	200,000		1PE		
9128274Y5	US INFL INDX		RBC DAIN	X X X	223,263	170,000	3.164	1PE		
	Bonds - U.S. Governments				1,051,087	995,000				
					1,031,007					
Bonds - Political St	ubdivisions of States, Territories and Possessions									
* * * Michigan										
594610UA3	MICHIGAN STATE - CLEAN	05/19/2003	AG EDWARDS	x x x	117,636	100,000	221	1PE		
3940100A3	IVIIOTIIGAN STATE - GLEAN	05/19/2005			 					
+ + + N l -				otals - Michigan)	117,636	100,000	321	0.0000000		
* * * Nevada	OLA DICONTY AND CONTROL DISTRICT	07/00/0000	10 FBW4BB0	V V V	201 200			455		
181054S73	CLARK CNTY NEV - SCHOOL DISTRICT	05/29/2003	AG EDWARDS	1	231,382	200,000		1PE		
				Totals - Nevada)	231,382	200,000	5,133	0.0000000		
* * * Michigan										
512534CU0	LAKEWOOD MICHIGAN - PUBLIC SCHOOLS		AG EDWARDS		222,465	200,000	530	1PE		
382406JT4	GOODRICH MICH - SCHOOL DISTRICT	05/12/2003	AG EDWARDS	X X X	100,041	100,000	41	1PE		
			(7	Totals - Michigan)	322,506	300,000	571	0.0000000		
2499999 Subtotal - F	Bonds - Political Subdivisions of States, Territories and Possessions		1	, , , , , , , , , , , , , , , , , , ,	671,524	600,000		0.000000		
	venue, Special Assessment									
Donus - Special ne	venue, opeciai Assessinient									
* * * Nevada										
425200A44	HENDERSON NEVADA - WATER AND SEWAGE	05/21/2003	AG EDWARDS	X X X	228,113	200,000	2.508	1PE		
				Totals - Nevada)	228,113	200,000	2,508	0.0000000		
* * * Michigan			\	Totalo Movada /	220,110	200,000	2,300	0.0000000		
59455RMP8	MICHIGAN MUN BD	05/14/2003	AG EDWARDS	x x x	242,412	200,000	1 567	1PE		
394331 tivii 0	INIOI IIGAN MON DD	03/14/2003		Į.		•				
* * * ***				otals - Michigan)	242,412	200,000	1,567	0.0000000		
* * * Washington	T100111 W1011 F1 F0 0V0	07/40/000	DD0 D4111	V V V	205.005			455		
873519EY4	TACOMA WASH ELEC SYS	05/13/2003	RBC DAIN	I	225,825	200,000		1PE		
			(Tota	ls - Washington)	225,825	200,000	3,844	0.0000000		
* * * Pennsylvania										
91335VAZ9	UNIV PITTSBURGH VAR	06/16/2003	PNC CAPITAL MKT	X X X	150,066	150,000	66	1PE		
			(Totals	- Pennsylvania)	150,066	150,000	66	0.0000000		
* * * Colorado			, ,	, ,	,	,				
24919HEQ1	DENVER COLO CITY EXCISE	06/16/2003	AG EDWARDS	X X X	200,084	200.000	84	1PE		
				otals - Colorado)	200,084	200,000				
3100000 Subtotal - F	Bonds - Special Revenue, Special Assessment	!	,		1,046,500	950,000		0.0000000		
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	1,040,000					
Bonds - Industrial a	and wiscenaneous									
36962GWC4	GEN ELEC CAP CRP	05/09/2003	RBC DAIN	X X X	218,703	200,000	1,308	1PE		
201615DR9	COMMERCIAL CREDI	00/00/0000	RBC DAIN	X X X		90,000				
	Bonds - Industrial and Miscellaneous	!		1	325,338	290,000				
6099997 Subtotal - E					3,094,449	2,835,000				
							20,047			
oussess Summary It	tem for Bonds Bought and Sold This Quarter									

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter

	Showing All Long-Term Donds and Stocks Acquired During Current Quarter										
1	2	3	4	5	6	7	8	9			
				Number			Paid for Accrued				
CUSIP		Date		of Shares			Interest and	NAIC			
Identification	Description	Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	Dividends	Designation (a)			
6099999 Subtotal - Bo		3,094,449	2,835,000	23,047							
6599998 Summary Ite	5599998 Summary Item for Preferred Stock Bought and Sold This Quarter										
7099998 Summary Item for Common Stock Bought and Sold This Quarter XXX											
7199999 Subtotal - Pr			X X X								
7299999 Total - Bond	s, Preferred and Common Stock		3,094,449	X X X	23,047						

⁽a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

E05	Schedule D Part 4
E06	Schedule DB Part A Section 1
E06	Schedule DB Part B Section 1NONE
E07	Schedule DB Part C Section 1NONE
E07	Schedule DB Part D Section 1NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

Month End Depository Balances								
1	2	3	4	Book Balar	Book Balance at End of Each Month			
				During Current Quarter				
		Amount	Amount of	5	6	7		
		of Interest	Interest					
		Received	Accrued					
		During	at Current					
	Rate of	Current	Statement	First	Second	Third		
Depository	Interest	Quarter	Date	Month	Month	Month	*	
open depositories								
Comerica Bank, Grosse Pte.								
Woods, MI Cash Concentration Accounts		,		. 11,654,951				
Woods, MI Market Account		4,157		1,041,694	1,043,112	1,044,429	.	
Bank One, Belleville, MI Business Market Index Account		12,138		3,028,824	3,032,832			
Schwab, New York, NY Schwab Muni Money Fund		2,296		3,000,123	792,336	1,420,325	H	
019998 Deposits in depositories that do not exceed the allowable	VVV							
limit in any one depository (See Instructions) - open depositories				40.705.500	40.545.400		H	
0199999 Totals - Open Depositories	X X X	42,555		. 18,725,592	. 16,515,422	. 16,742,078	Н	
0299998 Deposits in depositories that do not exceed the allowable								
limit in any one depository (See Instructions) - suspended depositories	X X X						Ŀ	
0299999 Totals - Suspended Depositories	X X X						Ш	
0399999 Total Cash On Deposit	X X X	42,555		. 18,725,592	. 16,515,422	. 16,742,078	Ш	
0499999 Cash in Company's Office	X X X	X X X	X X X	227	227	227		
0599999 Total Cash	X X X	42,555		. 18,725,819	. 16,515,649	. 16,742,305		

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